R	Initial Application Amended Application
	Amended Application

Date: 1/14/19



## City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

Candidate Committee Name (required): irst or last name & office) Candidate Information: Office Sought (choose one):	Candidate's Name (required):  Candidate's mailing address (required):  Candidate's email address (required):  Candidate's phone number (required):  Candidate's website (if any):    Doctor   Do
Election Cycle for Office Soug	ght (year the election will take place) (required):
Party Affiliation: (required)	Democrat    Libertarian    Republican    Other:
☐ Political Action Comn	mittee (PAC)
Committee Name (required): (if sponsored, must include sponsor's name)	2 contrates do XII - 2 des Z
Political Function (optional): (select any that apply)	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures ☐
Sponsorship Information:	Sponsor's name or nickname (required):
(if applicable)	Sponsor's mailing address (required):
	openion o ornan address (regulada).
	Sponsor's phone number (if any):
	H M
Special Status must be filed	,
(if applicable)	☐ Standing Committee (must also complete separate standing committee registra ☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications
□ Political Party	
0	
Committee Name (required): (must include party affiliation)	

☐ Standing Committee (must also complete separate standing committee

registration)

Special Status must be filed with Secretary of State

(if applicable)

	I Application
□ Ame	nded Application
	1 1 1
Date: _	1/14/19



## City of Tucson COMMITTEE STATEMENT **OF ORGANIZATION**

COMMITTEE ID NUMBER (office use only)

## **COMMITTEE INFORMATION:**

Contact Information:	Committee's mailing address (required): 150 Morean Court husan 6
	Committee's email address (required): nathantely signal amas rom
	Committee's phone number (if any):
	Committee's website (if any):
Chairperson's Information:	Chairperson's name (required): Carolyn Campbell
	Chairperson's physical address (required): 1216 N. 3Rd Ave, Tucson, 85705
	Chairperson's mailing address (if different):
	Chairperson's email address (required): <u>Carolyn campbell 999 (a 9 mail</u> . Com
	Chairperson's phone number (required):
	Chairperson's employer (required): Coalition for Sonoran Desert Protection
	Chairperson's occupation (required):
Treasurer's Information:	Treasurer's name (required):
	Treasurer's physical address (required): 4650 Al Howing William Tucson
	Treasurer's mailing address (if different):
	Treasurer's email address (required): Author may zona waynall com
	Treasurer's phone number (required): 520 - 358 - 355
	Treasurer's employer (required):
Bank or Financial Institution	Treasurer's occupation (required): Political Computant
	Treasurer's occupation (required): Political Consultant  Bank name (required): A Homel Bank of Avizona
Bank or Financial Institution: do not list acct numbers)	Treasurer's occupation (required): Political Computant
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do not list acct numbers)  CLARATION AND SIGNAT	Treasurer's occupation (required): Polytical Consultant Hamiltonian Bank name (required): Additional bank name (if applicable): Additional bank name (if applicable): URES:
do not list acct numbers)  CLARATION AND SIGNAT  declare under penalty of phairperson or treasurer of the	Treasurer's occupation (required): Polytical Compa (tank)  Bank name (required): Bank name (if applicable): Additional bank name (if applicable): Additional bank name (if applicable):  URES:  erjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as e committee named herein, if applicable; (2) designate the above-named committee as my official candidate
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do not list acct numbers)  CLARATION AND SIGNAT  declare under penalty of phairperson or treasurer of the ommittee and authorize it to ampaign finance and report § 16-901 to 16-938; and (5)	Treasurer's occupation (required): Polytical Compa (tank)  Bank name (required): Bank name (if applicable): Additional bank name (if applicable): Additional bank name (if applicable):  URES:  erjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as e committee named herein, if applicable; (2) designate the above-named committee as my official candidate
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